

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101625839
APPLICANT(S)

FILING DATE

12/20/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		5				
TOTAL DEP.	←	45	←	←	←	←
TOTAL CLAIMS	50					

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100					
TOTAL IND.					
TOTAL DEP.	←	←	←	←	←
TOTAL CLAIMS					